City of Jeffersonville
Tort Claim Form
(Please write or print clearly)

Claimant Name _____ Telephone: _____

Address _____
Number Street City State Zip

Date and Time Loss Occurred: _____

Location Loss Occurred: _____

Extent of Loss: (Please provide two (2) written estimates for property damage): _____
_____

Describe what happened: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name of Persons Involved: (If Known): _____

Amount of Damages Sought: _____

Claimant's Residence at Time of Loss: _____

Signature: _____ Date: _____

Please mail or deliver to:

City of Jeffersonville
Department of Law
500 Quartermaster Court, Suite 250
Jeffersonville, IN 47130